

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo. Rural, Blue.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San.				d. STREET ADDRESS (If rural, give location) 1509 Vincil, K. C. Mo.			
3. NAME OF DECEASED (Type or Print)		a. (First) Earl		b. (Middle) Thomas		c. (Last) Jamison	
5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9/21/1901	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loader		10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co.		11. BIRTHPLACE (State or foreign country) Tronto, Kans.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Victor Lee Jamison		13b. MOTHER'S MAIDEN NAME Mary Ellen Butler		14. NAME OF HUSBAND OR WIFE Spphia Pycior			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 495-10-1485		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Spphia Jamison, 1509 Vincil			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Res. C. Sheil, M.D., Deputy Coroner</i>		23b. ADDRESS 4050 Broadway, K.C. Mo.		23c. DATE SIGNED 1-10-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/12/51		24c. NAME OF CEMETERY OR CREMATORY Mot Olivet Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. Jan. 11-1951		REGISTRAR'S SIGNATURE <i>John F. Sheil</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John F. Sheil, K: C. Mo			

JAN 19 1951

JAN 23 1951

SEP 28 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John P. Smith

Licensed Embalmer No. 3625

P. O. Address W. E. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.